2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400007008

Entity Name: BAY AREA GREYHOUND ADOPTIONS, INC.

FILED
Jan 23, 2016
Secretary of State
CC0409842453

Current Principal Place of Business:

12707 OAKLEAF AVE TAMPA, FL 33612

Current Mailing Address:

POST OFFICE BOX 21641 TAMPA, FL 33622 US

FEI Number: 74-3126463 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYMAN, LINDA 12707 OAKLEAF AVENUE TAMPA, FL 33612 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DP Title DS

NameLYMAN, LINDANameJESKE, KATHLYNNAddress12707 OAKLEAF AVEAddress4111 WINDTREE DRCity-State-Zip:TAMPA FL 33612City-State-Zip: TAMPA FL 33624

Title DT Title D

Name HARDY, DAVID Name CELLI, BARBARA

Address 23549 WOODGLEN AVE Address 1766 CASTLE ROCK ROAD

City-State-Zip: LAND O'LAKES FL 34639 City-State-Zip: TAMPA FL 33612

Title VP, DIRECTOR Title DIRECTOR

Name HARDY, LESLIE Name RACINE, LAURIE

Address 23549 WOODGLEN AVE. Address 524 FIREFLY LANE

City-State-Zip: LAND O'LAKES FL 34639 City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR Title DIRECTOR

Name WEAVER, GLENN Name BOLACK, ELAINE

Address 1612 ORACLE DRIVE Address 24203 DRACENA COURT

City-State-Zip: RUSKIN FL 33573 City-State-Zip: LUTZ FL 33559

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA LYMAN PRESIDENT 01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name WOOD, DAVID

Address 705 TARAWOOD LANE
City-State-Zip: VALRICO FL 33594